

DEB *Mini-Camp 2025*

REGISTRATION FORM

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Elementary School: _____

Grade Level: _____ Date of Birth (MM/DD/YYYY): _____

T-Shirt Size (Please circle one): YS YM YL AS AM AL

Parent/Guardian's Name: _____

Phone Numbers: (Home): _____ (Cell): _____

E-mail Address: _____

Emergency Contact Name: _____ Phone: _____

Liability and Release:

I request that Dominican allow _____ (Participant's first and last name) to participate in the 2025 Deb Mini-Camp on Saturday, September 27, 2025. I release St. Mary's Dominican High School, the club moderators, coaches, and/or chaperones approved by the Administration from liability in any manner. In case of emergency, I give my permission for the club moderators, coaches, and/or chaperones to seek medical care as needed for my daughter if I can not be contacted. Additionally, I authorize the use of my daughter's photos for the purpose of publicity and marketing materials & on the St. Mary's Dominican High School website.

Parent/Guardian Signature (required): _____

***Please photocopy insurance card.**

Please list any allergies or medical conditions: _____

WALK-UP REGISTRATION FEE: \$60